

# STATE OF IDAHO - PREPAYMENT OF ANNUAL PREMIUM TAXES

DELINQUENT IF NOT MAILED ON OR BEFORE DUE DATE TO: State of Idaho - Department of Insurance 700 West State Street, 3rd Floor Boise, ID 83720-0043 (208) 334-4250		* <i>EACH INDIVIDUAL INSURED,          GROUP CERTIFICATE HOLDER,          OR BLANKET POLICY PARTICIPANT</i>	FIRST QUARTERLY PREPAYMENT INSTALLMENT DUE JUNE 15, 2008
I certify that information entered on this document is a true and correct declaration of Idaho business.	A1. 2007 Total Dental Contracts * (see above)	B1. 2007 Net Taxable Premiums less Dental	
	A2 X \$.04 Per Contract	B2. X Tax Rate 2008 - 1.90% or 1.46%	
Signature and Title of Officer <b>(REQUIRED)</b> _____ Date _____			
Company Name, Address	A3. 60% Total Dental Tax Due	B3. 60% Net Taxable Premiums	
	IS PAYMENT SENT BY EFT _____  SEE INSTRUCTIONS ON REVERSE SIDE INS-PTX-QP1(Rev 4-08)		<b>TOTAL PREPAYMENT(A3 + B3) DUE 6/15</b>  <b>(0560)</b>

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I certify that information entered on this document is a true and correct declaration of Idaho business.	A1. 2007 Total Dental Contracts * (see above)	B1. 2007 Net Taxable Premiums less Dental	
	A2 X \$.04 Per Contract	B2. X Tax Rate 2008 - 1.90% or 1.46%	
Signature and Title of Officer <b>(REQUIRED)</b> _____ Date _____			
Company Name, Address	A3. 20% Total Dental Tax Due	B3. 20% Net Taxable Premiums	
	IS PAYMENT SENT BY EFT _____  SEE INSTRUCTIONS ON REVERSE SIDE INS-PTX-QP1(Rev 4-08)		<b>TOTAL PREPAYMENT(A3 + B3) DUE 9/15</b>  <b>(0560)</b>

# STATE OF IDAHO - PREPAYMENT OF ANNUAL PREMIUM TAXES

DELINQUENT IF NOT MAILED ON OR BEFORE DUE DATE TO: State of Idaho - Department of Insurance 700 West State Street, 3rd Floor Boise, ID 83720-0043 (208) 334-4250		* <i>EACH INDIVIDUAL INSURED,          GROUP CERTIFICATE HOLDER,          OR BLANKET POLICY PARTICIPANT</i>	THIRD QUARTERLY PREPAYMENT INSTALLMENT DUE DECEMBER 15, 2008
I certify that information entered on this document is a true and correct declaration of Idaho business.	A1. 2007 Total Dental Contracts * (see above)	B1. 2007 Net Taxable Premiums less Dental	
	A2 X \$.04 Per Contract	B2. X Tax Rate 2008 - 1.90% or 1.46%	
Signature and Title of Officer <b>(REQUIRED)</b> _____ Date _____			
Company Name, Address	A3. 15% Total Dental Tax Due	B3. 15% Net Taxable Premiums	
	IS PAYMENT SENT BY EFT _____  SEE INSTRUCTIONS ON REVERSE SIDE INS-PTX-QP1(Rev 4-08)		<b>TOTAL PREPAYMENT(A3 + B3) DUE 12/15</b>  <b>(0560)</b>

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

C.L. "BUTCH" OTTER  
Governor

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
FAX # (208)334-4398

WILLIAM W. DEAL  
Director

**INSTRUCTIONS FOR COMPLETING AND FILING  
QUARTERLY PREPAYMENT OF ANNUAL PREMIUM TAXES**

Idaho Code, § 41-402 (3)(a) requires prepayment of premium tax if the sum of the tax for the prior calendar year's business was **\$400 or more**. Prepayments shall be based on the *preceding calendar year's business* at the **current year's premium tax rate**. Companies writing dental insurance not governed by Chapter 34, Title 41, Idaho Code see changes below (\*\*)

**NOTE:** Any insurer failing to postmark on or before the due date, the Premium Tax Quarterly Prepayment Installment form and tax remittance, shall be liable for a penalty of \$25 for each day of delinquency.

**1. (\*\*) Companies** who wrote dental premiums (not governed by chapter 34, Title 41, Idaho Code) need to take all dental premiums out of the net taxable premiums (B1). On July 1, 2007, Idaho Code 41-402(9) changed the tax on dental from premium based to \$.04 per number of insureds, certificate holders, or blanket policy participants per month for the full year. (See form sections, A1, A2 and A3)

For prepayments without the dental premium adjustment, use instructions listed below:

Enter net taxable premiums, not including fees, from prior year's Statement of Premium Taxes and Fees (B1):

Life & Health Insurers use Page 6, Schedule E, Column A, total of Line 1 **plus** Line 2  
Property & Casualty Insurers use Page 6, Schedule E, Column A, total of Line 1 **plus** Line 2  
Insurer's Using Health Blank use Page 7, Schedule E, Column A, Line 1 **plus** Lines 2 and 3  
Risk Retention Groups use Page 3, Schedule B, Column A, Line 1  
Title Companies use Page 3, Schedule C, Column A, Line 1

**2.** To calculate Estimated Tax, multiply the total shown in B1. by applicable tax rate:

**Calendar Year 2008 premium tax rate is: 1.90% or 1.46%.**

(If qualified for the reduced rate, attach certification statement for *each* quarter)

Title Companies 1.5%

**3.** Multiply the Estimated Tax shown in B2 by the appropriate percentage in B3:

60% - due June 15, 2008

20% - due September 15, 2008

15% - due December 15, 2008

Make check payable to: IDAHO DEPARTMENT OF INSURANCE (Your canceled check is your receipt).

There will be a \$20.00 charge on all returned checks - Idaho Code § 28-22-105.

Prior tax overpayments cannot be deducted as refunds checks are issued.

Changes in company status such as mergers, name or addresses must be reported.

Companies in receivership must provide legal documentation that precludes prepayment of premium taxes.

**REQUIRED**

Separate payments for each company

Signature and title of officer

Payments of \$100,000 or more **MUST** be paid by Electronic Funds Transfer-Automated Clearing House Method. Refer to Idaho State Treasurer's EFT Payment Guide for bank account information located on our website at [www.doi.idaho.gov](http://www.doi.idaho.gov), Companies, Filing Requirements, Electronic Fund Payment Guide.

Indicate if payment is sent by Electronic Fund Transfer (EFT) under LINE C.